

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-675

Agencies for Doctors & Nurses

CLAIMS AS FILED - PART I

(Column 1) -

• (Continued 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.101)		
TOTAL CLAIMS (37 CFR 1.102)	25	5
DEPENDENT CLAIMS (37 CFR 1.103)	3	0
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.104)	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

12-405.

AMENDMENT:		DATE RECEIVED	DATE PAID	PAYEE
		AMOUNT	PAID FOR	
Total of OFR 1,000				
Indefinite of OFR 1,000				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 OFR 1,000)				

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 03 OFR 1.1403

DATE	TIME
25	11
25	11
25	11
TOTAL ADULT FEE	

SMALL ENTITY	
	TOTAL FEE
OR	
OR	
OR	
OR	
TOTAL FEE	

3-21-08

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (of 20 Lines)	20	Less	20		
Independent (of 20 Lines)	2	Minus	3		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.1503)					

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAMS (37 CFR 1.150)

RATE	ADDITIONAL FEE
25 _____	
25 _____	
45 _____	
TOTAL ADDL FEE	

	RATE	ADDITIONAL FEE
OR	X \$ _____	
OR	X \$ _____	
OR	¢ \$ _____	
OR	TOTAL ADDITIONAL FEE	

Am. Inst.

AMENDMENT C	Column 1		Column 2	Column 3
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESIDENT EXTRA
Total 49 CFR 1.1010	20	Minus	20	—
Independent 0 CFR 1.1010	2	Minus	3	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1010)				

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)

RATE	ADDITIONAL FEE
RS _____	
RS _____	
RS _____	
TOTAL ADDL FEE	

	RATE	ADDITIONAL FEE
OR	11	
OR	18	
OR	45	
OR	TOTAL	ADDITIONAL FEE

If the entry in column 1 is less than the entry in column 2, write "G" - "Higher".
 If the Highest Number Previously Paid For is LESS THAN \$50,000, write "G" - "Higher".
 If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "G" - "Higher".
 The Highest Number Previously Paid For (Enter an independent number in the space below)

The collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO) on process. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is expected to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and selection 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10715489

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	* 5
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 19	Minus	** 25	8
	Independent	* 2	Minus	*** 3	8
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	45
X43=	
+145=	
TOTAL	\$ 36

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.